

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/601444

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
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30		/				
31	/					
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		2				
39	/					
40	/					
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	9					
TOTAL DEP.	71					
TOTAL CLAIMS	80					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/					
53		/				
54		/				
55		/				
56		/				
57		/				
58		2				
59		2				
60		2				
61		2				
62		2				
63	/					
64		/				
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS